



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4265

SERIAL NUMBER 10/731,678	FILING DATE 12/08/2003  RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 006750-0264-999
-----------------------------	---------------------------------------	--------------	------------------------	---

## APPLICANTS

Benjamin Oshlack, New York, NY;

Mark Chasin, Monroe, NJ;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/392,586 03/20/2003  
 which is a CON of 09/891,882 06/26/2001 PAT 6,572,885  
 which is a CON of 09/390,719 09/07/1999 PAT 6,294,195  
 which is a CON of 08/508,246 07/27/1995 PAT 5,968,551  
 which is a CON of 08/133,503 10/07/1993 ABN  
 which is a CIP of 08/081,618 06/23/1993 PAT 5,472,712  
 and is a CIP of 08/086,248 07/01/1993 ABN  
 and said 08/081,618 06/23/1993  
 is a CIP of 07/814,111 12/24/1991 PAT 5,273,760  
 and said 08/133,503 10/07/1993  
 is a CIP of 08/097,558 07/27/1993 PAT 5,580,578  
 which is a CIP of 07/826,084 01/27/1992 PAT 5,286,493

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

20583  
 JONES DAY  
 222 EAST 41ST ST  
 NEW YORK, NY  
 10017

## TITLE

Orally adminstrable opioid formulations having extended duration of effect

<b>FILING FEE</b>  <b>RECEIVED</b> 1432	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
--	---	---

MCF